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OCT 27 2004

26522 La Alameda Avenue, Suite 360
Mission Viejo, California 92691
tel: (949) 282-1000
fax: (949) 282-1002**FACSIMILE TRANSMISSION COVER SHEET****Date:** October 27, 2004**To:** United States Patent and Trademark Office
Examiner: George R. Fourson III; Art Unit: 2823**Fax:** (703) 872-9306**Re:** Application Serial No.: 10/081,074
Filing Date: 2/21/2002; First Named Inventor: Sergey Lopatin
Attorney Docket No.: 0180199**From:** Farjami & Farjami LLP**Number of pages including the cover sheet:** 14**Message:**

Enclosed please find the Response to the Final Office Action dated October 6, 2004.

Thank you.

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Attorney Docket No.: 0180199

AMENDMENT COVER SHEETIN RE APPLICATION OF: Sergey LopatinSERIAL NO.: 10/081,074 FILED: February 21, 2002FOR: Chemical Solution for Electroplating a Copper-Zinc Alloy Thin Film**RECEIVED
CENTRAL FAX CENTER****OCT 27 2004**Mail Stop AF
HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	18	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	1	MINUS ***3	* = 0	x 88	x 44	\$
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

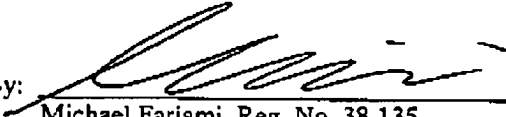
* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

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Attorney Docket No.: 0180199

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card. Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

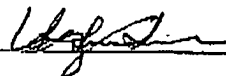
Date: 10/27/04By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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LESLIE L. LAM

Michael Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92691
Telephone: (949) 282-1000
Facsimile: (949) 282-1002

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Attorney Docket No.: 0180199

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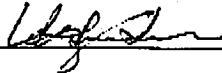
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No.: 10/081,074

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Examiner: Fourson III, George R.

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RESPONSE TO FINAL OFFICE ACTION

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P.O. Box 1450
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Dear Sir/Madam:

This is in response to the *Final Office Action* dated October 6, 2004 in the above-referenced patent application. Please enter and consider the following remarks.